

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS

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APR 1 5 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

I. Name of Lobbyist(s) Robert Clegg, De	bra Vanderbe	ek, Periklis Karoutas	
II. Name of lobbyist'	s partnership, firm or cor	poration, if any	<i>γ</i> :	•
Legis	lative Solutions, L.L.C.			ν.
	ne of partnership, firm or corp	oration)		: · · ·
P.(O. Box 10724	Bedford	NH	03110
Business Address: (St	reet)	(Town/City)	(State)	(Zip Code)
() 860-3682	()		e-mail senclegg@	@aol.com
(Telephone)	\ /_	(Fax)		
reportable expense to	ransactions which are not	attributable to		ay file a separate report for
<i>y</i>	Injured Workers' Ph			
	(Full Name of Client as it ap		byist Registration Form)	
<u>OR</u>				
☐ All reportable trans unrelated to any partic		luding the lobby	yist's family), or the lobbying	g firm listed below which are
IV. Date of Report Reports cover: activ	April 24, 2019 🖔	o 3/31/19	July 31, 2019 activity from 4/1/19 to 6/30/19)
	October 30, 2019 activity from 7/1/19 to 9/30/1	9	January 29, 2020 activity from 10/1/19 to 12/31	1/19
			ransactions made since t Secretary of State's Office, S	
VI Check if addition	al reports are attached:			
	•	es, you must file	e Addendum A- Fees and E	Expenses
•	n honorarium or reimburse		must file Addendum B- Re	
☐ If you, your firm,	or your family has made po	olitical contribut	ions, you must file Addendu	um C- Political Contributions
I have read RS& 15, R	firmation by Lobbyist RSA 15-B, RSA 14-C and R est of myknowledge and be		eby swear or affirm that the	foregoing information is true
- Kolus	1 (lun		April 9, 2019	
(Signature of lobbyis	1)		(Da	ite)
Robert Clegg				
(Print Name of lobby	ist)	_		

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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I. Name of Lobbyist(s)	Robert Clegg, Debra Vanderbeek, Periklis	s Karoutas
II. Name of lobbyist's par	rtnership, firm or corporation, if any:	
	islative Solutions, L.L.C.	
(Name of par	tnership, firm or corporation)	
III. Name of Client	Injured Workers' Pharmacy	Date April 9, 2019
to lobbying, including fees t	f all fees received from the client identified above for services such as public advocacy, governmen ing legislation, and related legal work. The gr	t relations, or public relations service
a) Total of all fees received	in this reporting period	a) \$ 7,500
•	this calendar year, prior to this reporting period otal of all prior monthly reports for this calendar y	b) \$ <u>0</u>
c) Total of all fees received (Add lines a and b)	to date	c) \$ 7,500.00
d) Indicate the amount of a yet been paid	ny such fees that are due, but have not	d) \$ <u>0</u>
fees. Separate reports are to the lobbyist(s)/firm that are Expenses are to be reported during the reporting period individual expenses where to lunch where the cost was \$2 being lobbied, purchase of a (c) an itemized statement of any purpose not covered by ceremonial object to be given restaurant expenses for a legion	erships, firms, or corporations are required to repose be filed for expenditures made relative to each a unrelated to any one client a separate report of in one of three categories of expenses: (a) the for salaries, benefits, support staff, and office the expenditure was of \$25.00 or less (for example 5.00 or less, purchase of a pen with a value of less ceremonial object given to a person being lobbic each individual expenditure made during this report (a) (for example: purchase of a meal with value of the subject of lobbying with a value great regislative reception). Expenses for honorariums of on separate addendums and should not be reported.	client and if expenditures are made b may be filed for the lobbyist(s)/firm e aggregate total of all expenses pai xpenses; (b) the aggregate total of a ble: meals purchased during a busines ess than \$10 that is given to the perso ed with a value of \$25.00 or less); an orting period of greater than \$25.00 for ue of greater than \$25, purchase of er than \$25, but not greater than \$56, expense reimbursement, or political
support staff, and office expensions. b) Total aggregate of expensions.	for this reporting period for salaries, benefits, enses, related directly or indirectly to lobbying. ditures during this reporting period, not reported	a) \$ 7,500.00
in a), of \$25 or less.		b) \$ <u>0</u>
c) Total of all itemized expe	enditures reported in detail in section VI.	c) \$ 0

c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ _7,500.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report	e) \$ <u>0</u>
f) Total of all expenses year to date	f) \$ <u>7,500.00</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made fron period, including by whom paid or to whom charged.	n lobbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist I have read RSA-15, RSA-15-B and RSA-664 and hereby swear or afficient true and complete to the best of my knowledge and belief.	
(Signature of lobbyist)	(Date)
Robert Clegg	

,

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partr	nership, firm, or corpo	ration: Legislative Solution	ıs, L.L.C.
Name of Client (leave b	lank if Statement is fo	r the partnership, firm, or o	corporation and not related to ar
particular client):	Injured Workers' F	Pharmacy	
Date of Report (check o	ne):		
April 24, 2019 🔼	July 31, 2019 □	October 30, 2019 □	January 29, 2020 □
,			
· · · · · · · · · · · · · · · · · · ·			d Expenses described above, ar imber of Addendum forms beir
Addendum A(s)			
Addendum B(s)			
Addendum C(s)			
I hereby swear or affirm complete to the best of r		ief.	t and each Addendum is true ar
(Signature of lobbyist)			(Date)
Debra Vanderbeek	<u>-</u>		
(Print Name of lobbyist))		

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyis	t
Statement of Income and Expenses for:	

Name of Lobbying partnership, firm, or corporation: Legislative Solutions, L.L.C.
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): Injured Workers' Pharmacy
Date of Report (check one):
April 24, 2019 SQ July 31, 2019 October 30, 2019 January 29, 2020
have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief. April 9, 2019
(Signature of lobbyist) (Date)
Periklis Karoutas (Print Name of lobbyist)